

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/857209 FILING DATE

APPLICANT(S)

BEST AVAILABLE COPY

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	1		1			
3	2		1			
4	1					
5	3		1			
6	2		1			
7	1		1			
8	1					
9	1		1			
10	1		1			
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TAL						
TAL						
AIMS						

TOTAL IND. TOTAL DEP. T. TAL CLAIMS